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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 09 19 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2007	To: 08 31 2007
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1		250015.81
	(b) Cash on Hand at Begining of Reporting Period	288595.11	
	(c) Total Receipts (from Line 19)	30765.14	367645.32
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	319360.25	617661.13
7.	Total Disbursements (from Line 31)	29405.70	327706.58
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	289954.55	289954.55
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

м м 0 8

Report Covering the Period:

From:

01

^Y 2 0 0 7

To:

м м 0 8 ^D 3 1

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	14800.00	214468.12
	(ii) Unitemized	14510.00	142111.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	29310.00	356579.62
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29310.00	356579.62
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1455.14	11065.70
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30765.14	367645.32
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	30765.14	367645.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBUR		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expend (a) Shared Fede 			
	Schedule H4)	0.00	0.00
(i) Federal	Share		0.00
(ii) Non-Fe	deral Share	0.00	0.00
(b) Other Federa		1216.70	11033.87
Expenditures (c) Total Operat	ing Expenditures	1210.70	11000.07
(add 21(a)(i)	(a)(ii) and (b))	1216.70	11033.87
2. Transfers to Affilia	·	0.00	0.00
 Contributions to 		0.00	0.00
Federal Candidate and Other Politica	es/CommitteesI Committees	26000.00	307500.00
. Independent Expe		0.00	0.00
 Coordinated Expe 	nditures Made by Party	0.00	
Committees (2 U. (use Schedule F).	S.C. 441a(d))	0.00	0.00
Loan Renavments	: Made	0.00	0.00
. Louir riopaymonic	, wicoo.		
. Loans Made Refunds of Contri	hutions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	ersons Other	161.00	1211.00
		0.00	0.00
(b) Political Part(c) Other Political	y Committees al Committees	0.00	0.00
()	Cs)	0.00	0.00
(d) Total Contrib		161.00	1211.00
(add Lines 2	B(a), (b), and (c))	101.00	
Other Disburseme	ents	2028.00	7961.71
). Federal Election	Activity (2 U.S.C 431(20))		
. ,	ral Election Activity		
(from Schedu	′	0.00	0.00
(I) Federal S	nare		
(ii) "Levin" S	hare	0.00	0.00
` '	ion Activity Paid Entirely Funds	0.00	0.00
	Election Activity (add i), 30(a)(ii) and 30(b))	0.00	0.00
oo oo(a)	.,, 55(4)(11) 4114 55(5))		
. Total Disburseme	ents (add Lines 21(c), 22,	20/27 72	20772
23, 24, 25, 26, 27	7, 28(d), 29 and 30(c))	29405.70	327706.58
. Total Federal Dis	sbursements		
	(a)(ii) from Line 30(a)(ii)		
		29405.70	327706.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) n Line 11(d), page 3)	29310.00	356579.62
 al Contribution Refunds m Line 28(d))	161.00	1211.00
Contributions (other than loans) btract Line 34 from Line 33)	29149.00	355368.62
al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b))	1216.70	11033.87
sets to Operating Expenditures m Line 15, page 3)	0.00	0.00
Operating Expenditures otract Line 37 from Line 36)	1216.70	11033.87

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/31
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	name and add	diess of any political committee to	Solicit contributions from such committee.
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Steven L. Hobkirk			Date of Receipt
	Mailing Address 549 W. Chocolate Ave.			08 02 YYYY 2007
	City	State	Zip Code	Transaction ID: 14453211
	Hershey	PA	17033-1640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Takashi Pignetti			Date of Receipt
	Mailing Address 20 Painted Sunset			08 02 7 2007
	City	State	Zip Code	Transaction ID: 14453215
	The Woodlands	TX	77380-4211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert Cooper			Date of Receipt
	Mailing Address 10487 Stablehand Dr.			08 02 YYYY 2007
	City	State	Zip Code	Transaction ID: 14453220
	Cincinnati	OH	45242-4652	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number of	only)		

_				Tooling Dioc - (a)
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/31 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary 1 age	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Richard S. Jason			Date of Receipt
	Mailing Address 2004 Ocean Front S.			08 03 2007
	City	State	Zip Code	Transaction ID: 14456892
	<u>Jacksonville</u>	FL	32250-6246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	' '	300.00	1
	Other (specify) ▼	0 0		1
— В.	Full Name (Last, First, Middle Initial) Dr. Katherine Bailey			Date of Receipt
	Mailing Address Bailey & Associates 1307 Washington St. #1	100		08 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14456893
	Oregon	<u>IL</u>	61061-1022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bailey & Associates	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify) ▼	0 0	200.00	1
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Steven B. Beito			Date of Receipt
	Mailing Address 10 Horse Shoe Ct.			08 08 2007
	City	State	Zip Code	Transaction ID: 14469458
	New Braunfels	TX	78132-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation		
	- · · · ·		Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		300.00	
Г	l			
s	UBTOTAL of Receipts This Page (optional)			850.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 8/31
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Bradford W. Glass			Date of Receipt
	Mailing Address 4603 Island Dr.			08 10 2007
	City	State	Zip Code	Transaction ID: 14469461
	Midland	TX	79707-1406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	r rear-to-Date ▼	,
	Other (specify)	' '	250.00	
	Carlot (openity) 🔻	0 0	1 1 1 1 1 1 1	
— В.	Full Name (Last, First, Middle Initial) Dr. Chris C. Panagoulias			Date of Receipt
	Mailing Address 30 Bates Dr.			M M / D D / Y Y Y Y
				08 10 2007
	City	State	Zip Code	Transaction ID: 14469462
	Nashua	NH	03064-1701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	<u> </u>	
	Traine of Employer		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Ada V. Paolucci			Date of Receipt
	Mailing Address Essington Podiatry Grou 1960 Essington Rd. #10			08 13 2007
	City	State	Zip Code	Transaction ID: 14473450
	<u>Joliet</u>	<u> </u>	60435-1628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Essington Podiatry Group	Occupation Podiatric	n Physician	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	1 99. 19		1
	Other (specify)		250.00	
				*
	<u>'</u>			
s	UBTOTAL of Receipts This Page (optional)			800.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Charles Melillo Mailing Address 22862 S.W. Saunders E City Sherwood FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State OR C Occupation Podiatric	Zip Code 97140-8236	Date of Receipt M M J D D J Z D O 7 Transaction ID: 14473462 Amount of Each Receipt this Period 500.00
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Joseph V. Gonzalez Mailing Address 326 Northlawn Ave. City East Lansing FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Zip Code 48823-3119 1 Physician 9 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	Full Name (Last, First, Middle Initial) Dr. Michael W. McDonough Mailing Address 595 W. Granada Blvd. # City Ormond Beach	#F State FL	Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	32174-5182	Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: Primary General Other (specify) ▼		Physician Peyear-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			1050.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/31
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ements mav	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Inc. P	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Paul L. Valenza			Date of Receipt
	Mailing Address 120 Hugo Real Rd.			08 / 03 / 2007
	City	State	Zip Code	Transaction ID: 14473479
	Kerrville	TX	78028-8185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	, ,	Occupation	n Physician	
	Receipt For:		Year-to-Date V	-
	Primary General	199.194.11		1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Alan R. Warren			Date of Receipt
	Mailing Address 4445 Stoneview			08 13 7 2007
	City	State	Zip Code	Transaction ID: 14473480
	West Bloomfield	MI	48322-3497	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
		Occupation		
	4 1		Physician -	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. G. Michael Johnson, Jr.			Date of Receipt
	Mailing Address Medical Center Podiatry, P.O. Box 8407	P.C.		08 / 13 / 2007
	City	State	Zip Code	Transaction ID: 14473812
	Mobile	AL	36689-0407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Modical Contor Podiatry	Occupation		7
	P.C.		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify) ▼		500.00	
				1
S	UBTOTAL of Receipts This Page (optional)		······	1100.00
т	OTAL This Period (last page this line number only	v)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 11/31
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Fred Marino			Date of Receipt	
	Mailing Address 1034 Windsong Pl.			0 8 / D D D 1 7	2007
	City	State	Zip Code	Transaction ID: 14	479503
	Murfreesboro	TN	37129	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer	Occupation	n Physician		
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	Aggregate	Teal-to-Date •	,	
	Other (specify)		300.00		
	care (epitaly) 🗸	0 0	0 0 0 0 0 0 0		
3.	Full Name (Last, First, Middle Initial) Dr. Darrin Lowe			Date of Receipt	
	Mailing Address 1806 San Ramon Ave.		M M / D D	/ Y 	
				08 17	2007
	City	State	Zip Code	Transaction ID: 14	479508
	Berkeley	CA	94707-1630	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer	Occupation	1		
		Podiatric	Physician		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	500.00		
Э.	Full Name (Last, First, Middle Initial) Lynn Homisak			Date of Receipt	
	Mailing Address 3866 Monterey Pl. N.E.			0 8	2007
	City	State	Zip Code	Transaction ID: 14	479510
	Renton	WA	98056-4208	Amount of Each Red	
	FEC ID number of contributing				
	federal political committee.	C			100.00
	Name of Employer	Occupation	1	1	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	25 0		1	
	Other (specify) ▼	0 0	225.00		
<u>.</u>	IIDTOTAL of Descripto This Descriptoral				900.00
5	UBTOTAL of Receipts This Page (optional)		>		
Т	OTAL This Period (last page this line number on	ly)	>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 12/31
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
V .	NAME OF COMMITTEE (In Full)	iame and add	ness of any political committee to	Solicit contributions from Such committee.
	American Podiatric Medical Assn., Inc.	Podiatry D	alitical Action Committee	
	American Fodiatric Medical Assii., Inc.	roulally r	ontical Action Committee	
_	Full Name (Last, First, Middle Initial)			2. (2.)
A.	Dr. Lawrence B. Harkless			Date of Receipt
	Mailing Address 1079 St. Andrews Dr.			08 17 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14479511
	Pomona	CA	91784	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
		Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 8400 E. Dixileta Dr. #11	0		08 17 2007
	City	State	Zip Code	Transaction ID: 14479519
	Scottsdale	ΑZ	85262-2268	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Thermedics	CEO		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	contribution
	Other (specify)		230.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. David George Armstrong			Date of Receipt
	Mailing Address 14925 Creekside Path			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14479646
	Libertyville	IL	60048-1104	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			230.00
	Name of Employer William M. Scholl Coll of	Occupation		7
	Podiatric Me		Physician	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Carlot (opcosty)		0 0 0 0 0 0 0	1
Г	L			
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash				

C				FOR LINE NUMBER: PAGE 13/31
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte may	rnot ha cold or used by any nore	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		<u></u>	
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
	7 interredit i Galactie Medical 7 iceni, mei	. odiany i	omiodi 7 lotioni Gominita	
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Theodore G. Mushlin			Date of Receipt
	Mailing Address Podiatry Care Specialis	ts, P.C.		M M / D D / Y Y Y Y
	3319 W. Chester Pk.	01-1-	7'- 01-	08 17 2007
	City	State	Zip Code	Transaction ID: 14479649
	Newtown Square	PA	19073-4226	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	<u> </u>	\neg
	Podiatry Care Specialists, P.C.	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Lawrence P. Girelli			Date of Receipt
	Mailing Address 32 Woodbridge Dr.			08 20 2007
	City	State	Zip Code	Transaction ID: 14485373
	Colorado Springs	CO	80906-4450	Amount of Each Receipt this Period
	•		00300-4430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation		
			Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0		1
_	Full Name (Last First Middle Initial)			+
C.	Full Name (Last, First, Middle Initial) Dr. Harold B. Glickman			Date of Receipt
	Mailing Address 11321 Berger Ter.			M M / D D / Y Y Y Y
				08 20 2007
	City	State	Zip Code	Transaction ID: 14485374
	Potomac	MD	20854-2017	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	า	\dashv
			Physician	
	Receipt For:		Year-to-Date ▼	_
	Primary General	00 0		7
	Other (specify) ▼		500.00	
				-
	-			
s	UBTOTAL of Receipts This Page (optional)			1300.00
F	1 -0- (-11)			-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/31
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Kushel			Date of Receipt
	Mailing Address 10 Schalks Crossing Ro	d.		08 20 2007
	City	State	Zip Code	Transaction ID: 14486443
	Plainsboro	NJ	08536-1612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Aggregate	Teal-10-Date V	
	Other (specify)		500.00	
	Cure (epochy) \			1
В.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd			Date of Receipt
	Mailing Address 4988 Heather Point			M M / D D / Y Y Y Y
				08 20 2007
	City	State	Zip Code	Transaction ID: 14486542
	Birmingham	AL	35242-3950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	N (5)	10 "		
	Name of Employer	Occupation		
	Descipt For:		Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	2100.00	
	Cure (epochy) \	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Ross			Date of Receipt
	Mailing Address 509 Bolivar St.			0 8 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 14486545
	Bellaire	TX	77401-5006	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	11 0		1
	Other (specify) ▼		300.00	
_				
s	UBTOTAL of Receipts This Page (optional)			650.00
\vdash	,		_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15/31 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Nicholas Przystawski			Date of Receipt
	Mailing Address P.O. Box 491334			08 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14486697
	Leesburg	FL	34749-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Michael Morrill			Date of Receipt
٥.	Mailing Address 3200 Penbroke Pl.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14486698
	Lexington	KY	40509-2016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Devang C. Patel			Date of Receipt
	Mailing Address 520 West Ave.			08 20 7 2007
	City	State	Zip Code	Transaction ID: 14486706
	Norwalk	СТ	06850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
			<u> </u>	
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/31
	EMIZED RECEIPTS		or each category of the	(check only one)
••		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17
Δr	w information conied from such Reports and St	atemente may	y not be sold or used by any perso	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Howard G. Osterman			Date of Receipt
	Mailing Address 7512 Flamewood Dr.			08 20 2007
	City	State	Zip Code	Transaction ID: 14486708
	Clarksville	MD	21029-1824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial) Dr. Joan M. Meyer			Date of Receipt
υ.	Mailing Address 3240 Purer Rd.			M M / D D / Y Y Y Y
				08 20 2007
	City	State	Zip Code	Transaction ID: 14493219
	Escondido	CA	92029-7250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		
		_	Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)	' '	500.00	
				-
_	Full Name (Last, First, Middle Initial)			5. (5.).
C.	Dr. Stacey J. Clarke Mailing Address 1408 N. Hall St.			Date of Receipt
	Mailing Address 1408 N. Hall St.			08 23 2007
	City	State	Zip Code	Transaction ID: 14495318
	La Grande	OR	97850-3807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
\vdash				
т	OTAL This Period (last page this line number of	only)		

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/31
	MIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any or fo	information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
`	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Neal J. Katz			Date of Receipt
N	Mailing Address 5 Pinehurst Cir.			08 23 7 2007
C	Dity	State	Zip Code	Transaction ID: 14495321
1	Madison	WI	53717-1142	Amount of Each Receipt this Period
F f	EC ID number of contributing ederal political committee.	С		250.00
١	Name of Employer	Occupation Podiatric	n Physician	
F	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Mark D. Dollard			Date of Receipt
N	Mailing Address 12353 Green Horne St.			08 / 27 / Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: 14497321
<u> </u>	<u> Herndon</u>	VA	20171-2132	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		100.00
N	Name of Employer	Occupation		
Ē	Receipt For:		Physician Year-to-Date ▼	-
	Primary General	riggrogato		1
	Other (specify) ▼	0 0	400.00	
	Full Name (Last, First, Middle Initial) Dr. Stuart B. Schnitzer			Date of Receipt
N	Mailing Address 885 New England Dr.			08 27 7 2007
-	Dity	State	Zip Code	Transaction ID: 14497337
7	- Westfield	NJ	07090-3509	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		200.00
N	lame of Employer	Occupation		7
=	Description 1		Physician	\dashv
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00	
SU	BTOTAL of Receipts This Page (optional)		·····	550.00
TO	TAI This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/31	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
Δr	w information conied from such Reports and St	atemente may	y not be cold or used by any perso		1/
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\geq	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_	
A.	Full Name (Last, First, Middle Initial) Dr. Kenneth Wichman Mailing Address Manchester Podiatry C	D.O.		Date of Receipt	
	Mailing Address Manchester Podiatry C 117 E. Center St.	enter, P.C.		08 27 2007	
	City	State	Zip Code	Transaction ID: 14497820	
	Manchester	CT	06040-5203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Manchester Podiatry Cente- r, P.C.	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
— В.	Full Name (Last, First, Middle Initial) Dr. Kim M. Reichert			Date of Receipt	
	Mailing Address 141 Hickory Lake			08 27 2007	
	City	State	Zip Code	Transaction ID: 14497827	
	Belleville	IL	62223-3441	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	500.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Larry A. Smith			Date of Receipt	
	Mailing Address 3595 Holly Oak Way			08 24 7 2007	
	City	State	Zip Code	Transaction ID: 14497842	
	Santa Rosa	CA	95404-9534	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer		Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)		>	1000.00	
Т	OTAL This Period (last page this line number of	only)	>		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/31
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ry information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Joseph C. D'Amico			Date of Receipt
	Mailing Address 333 W. 57th St.			08 27 7 2007
	City	State	Zip Code	Transaction ID: 14497847
	New York	NY	10019-3159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Terrence Klamet			Date of Receipt
	Mailing Address 1849 Shiloh Valley			08 28 2007
	City	State	Zip Code	Transaction ID: 14508522
	Chesterfield	MO	63005-8420	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation		
	Receipt For:		Physician e Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James V. Stelnicki			Date of Receipt
•	Mailing Address 3473 Tidewater Dr.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 14508566
	Weeki Wachee	FL	34607-1045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0 0 0 0	500.00
	Name of Employer	Occupation Podiatric	ո Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	1
Г				
s	UBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 31
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. John E. Cann			Date of Receipt
	Mailing Address 586 Washington St.			08 / 30 / 4 2007
	City	State	Zip Code	Transaction ID: 14508570
	Vermilion	OH	44089-1079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date ∇	
	Primary General	riggrogato	Tear to Bate 🗘	1
	Other (specify) ▼		300.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Reuel D. Estes			Date of Receipt
	Mailing Address A. Foot Clinic 207 S. Halcyon Rd.			08 30 YYYY 2007
	City	State	Zip Code	Transaction ID: 14508573
	Arroyo Grande	CA	93420-3117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer A. Foot Clinic	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	199.195		1
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven K. Bowen			Date of Receipt
	Mailing Address 1645 Owen Dr.			08 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14513946
	Fayetteville	NC	28304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	250.00	
_				
s	UBTOTAL of Receipts This Page (optional)			850.00
\vdash	,			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21/31
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State	ements may	y not be sold or used by any person	n for the purpose of soliciting contributions
	or commercial purposes, other than using the na	ine and add	aress or arry political committee to	SOIIGH COHMIDULIONS FROM SUCH COMMITTEE.
	NAME OF COMMITTEE (In Full)	Jadiata . D	Inlitiant Antion Committee	
/	American Podiatric Medical Assn., Inc. F	-odiatry P	onlical Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Michael J. Marcus			Date of Receipt
	Mailing Address 405 Goldenrod Ave.			08 31 2007
	City	State	Zip Code	Transaction ID: 14513950
	Corona Del Mar	CA	92625-2913	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation		
	Possint For:		Physician Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	: feai-lo-Dale ▼	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Dr. Arlene F. Hoffman			Date of Receipt
	Mailing Address 282 Panoramic Hwy.			08 31 2007
	City	State	Zip Code	Transaction ID: 14516139
	Mill Valley	CA	94941-2631	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
		•	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0	230.00	
	Full Name (Last, First, Middle Initial) Dr. Janet Simon			Date of Receipt
	Mailing Address Podiatry Associates of NI	M		Date of Receipt
	8300 Carmel Ave. N.E. #	501		08 01 2007
	City	State	Zip Code	Transaction ID: 14569309
	Albuquerque	NM	87122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer Podiatry Associates of NM	Occupation		
	Receipt For:		Physician Year-to-Date ▼	
	Primary General	Aggregate		[MEMO ITEM] Refund(s) on Schedule B
	Other (specify)	l	500.00	Totaling \$61.00 This changes the YTD Total to \$500-
				ges the YTD Total to \$500-
SI	JBTOTAL of Receipts This Page (optional)			750.00
				14000.00
T	TAI This Period (last nage this line number on	v)	•	14800.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 31 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any person dress of any political committee to	for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Ro	oad		08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14465826
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1216.70
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		9031.70	Transfer Funds for Federal Operating Expenses
3.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14568820
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		238.44
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme	nt Firm	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2030.36	Interest & Dividends on Investments

SUBTOTAL of Receipts This Page (optional)	•	1455.14
TOTAL This Period (last page this line number only)	<u> </u>	1455.14

5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 23/31
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and St for commercial purposes, other than using the			
\	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 14465827
١.	Wachovia Bank, N.A.			Date of Disbursement
	Mailing Address NC8502 PO Box 563966			088 / 099 / 2007
	City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees		001	1216.70
	Candidate Name	C	Category/ Type	
	Office Sought: House Disk Senate President	ursement For: Primary General Other (specify)		Bank Fees
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1216.70
TOTAL This Period (last page this line number only)	•	1216.70

	CHEDULE B (FEC FOIIII 3X)	Use seperate sche	dule(s)	FOR LINE		:	PA	AGE 2	4 / 31
IT	EMIZED DISBURSEMENTS	for each category o Detailed Summary		(check only 21b 27	22 28a	X 23 28b	24 28c	2 2	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po								
۸.	Full Name (Last, First, Middle Initial) Solis For Congress Mailing Address 6380 Wilshire Blvd. #161	2				ction ID: Disburse			ў 7 ^Y
		State Zip Code	е		Amoun	t of Each	Disburse	ement th	nis Period
		CA 90048						250	00.00
	Purpose of Disbursement Candidate Name			011 Category/			•	230	00.00
	Senate President X	ment For: 2000 Primary Ge Other (specify) ▼ imary Electio		Туре					
3.	Full Name (Last, First, Middle Initial) Becerra for Congress					ction ID: Disburse		41	
	Mailing Address P.O. Box 261060				08	/ DO	9 /	ž0	0 7 Y
	•	State Zip Code CA 90026			Amoun	t of Each	Disburse		
	Purpose of Disbursement Candidate Name			011 Category/				200	00.00
	Rep. Xavier Becerra		'	Type					
	Senate President X	ment For: 200 Primary Ge Other (specify) imary Electio)8 eneral						
Э.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella				Date of	ction ID: Disburse	ement	91	
	Mailing Address PO Box 131403 PO Box 060248				08	/ DO	9 /	žo	07
	City	State Zip Code NY 10313			Amoun	t of Each	Disburse	ement th	nis Period
	Purpose of Disbursement		Г	011				400	00.00
	Candidate Name Rep. Vito J. Fossella			Category/ Type					
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s	UBTOTAL of Disbursements This Page (optional) .				·			850	0.00
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	· 🗀		25 29	26 30b
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NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to st	DIICIL CONTINUU	tions from suc	CIT COITIII	illee	
American Podiatric Medical Assn., Inc. P	odiatry Political Action Con	nmittee					
Full Name (Last, First, Middle Initial)				tion ID: 1446	5393		
Committee To Re-Elect Vito Fossella				Disbursement	YY	Y Y	1
Mailing Address PO Box 131403 PO Box 060248			0 8	09	2 (o ŏ ō ˙	
City Staten Island	State Zip Code NY 10313		Amount o	of Each Disbu	irsement	this Per	riod
Purpose of Disbursement	100.0				1(00.00	
Over Palata Navas		011					
Candidate Name Rep. Vito J. Fossella		Category/ Type					
Office Sought: X House Disburs	ement For: 2005 Primary General						
	Other (specify) ▼						
	General Electio						
Full Name (Last, First, Middle Initial) 3. SNOWPAC				tion ID: 1446 Disbursement	5053		
			ММ	/ D D /	YYY	0 0 7 °	1
Mailing Address 175 South West Temple Suite 650			0 8	0 9	2 (J U /	
City Salt Lake City	State Zip Code UT 84101		Amount o	of Each Disbu	irsement	this Per	riod
Purpose of Disbursement	1	-			30	00.00	
Candidate Name		O11					
Candidate Name		Category/ Type					
	ement For:						
Senate President	Primary General Other (specify) ▼						
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Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee				tion ID: 1449 Disbursement	7709		
			M M	2 7	YY	0 0 7 °	1
Mailing Address 607 14th Street N.W. Suite 800			0.8				
City Washington	State Zip Code DC 20005		Amount	of Each Disbu	irsement	this Per	riod
Purpose of Disbursement	1		L		25	500.00	
Candidate Name		O11					
Rep. John D. Dingell		Category/ Type					
	ement For: 2008						
Senate President	Primary General Other (specify)						
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American Podiatric Medical Assn., Inc. F	odiatry Political Action C	omm	nitte	ее							
Full Name (Last, First, Middle Initial)					Tran	sact	ion ID	: 144	97763		
A. Levin For Congress							isburs			V	V
Mailing Address P.O. Box 37					0 ^M 8	IM		27	' '	žoŏ	7 '
City Roseville	State Zip Code MI 48066				Amo	unt o	f Each	Disb	urseme	ent this	Period
Purpose of Disbursement			U		T L.					1000.	00
Canadidata Nassa			01								
Candidate Name Rep. Sander M. Levin			Typ	ory/ e							
Office Sought: X House Disburs	ement For: 2008 Primary General										
	Cother (specify) ▼										
	Primary Electio										
Full Name (Last, First, Middle Initial)					Tran	sact	ion ID	: 144	97704		
B. Friends Of Corrine Brown							isburs			.,	
Mailing Address 3109 River Bend Court	D-102				0 ^M 8	М	/ D 2	27	/ L	žoŏ	7 ^Y
City	State Zip Code				Amo	unt o	f Each	n Disb	urseme	ent this	Period
Laurel Purpose of Disbursement	MD 20724				- Г					1000.	00
i dipose di Disbuisement			01	1		-	•			•	
Candidate Name Rep. Corrine Brown			ateg Typ	ory/ e							
ŷ <u>X</u>	ement For: 2008										
Senate	Primary General										
	Other (specify) ▼ Primary Electio										
Full Name (Last, First, Middle Initial)	<u> </u>				-		-		97752		
C. Hinojosa for Congress						_	isburs			V V	V
Mailing Address 311 North 15th Street					0 ^M 8	М	/ D2	27	'	žoŏ	7 '
City McAllen	State Zip Code TX 78501				Amo	unt o	f Each	Disb	urseme	ent this	Period
Purpose of Disbursement			01	1	1 L.	_			-	1000.	00
Candidate Name Mr. Ruben Hinojosa		Ca	-	ory/							
Office Sought: X House Disburs	ement For: 2008 Primary General										
	C Other (specify) ▼										
State: TX District: 15 2008	Primary Electio										
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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. P	,,								
Full Name (Last, First, Middle Initial) 4. Engel For Congress			Transaction IE Date of Disburs	sement					
Mailing Address 462 California Road			0 8	27 2007					
City Bronxville	State Zip Code NY 10708		Amount of Eac	h Disbursement this Period					
Purpose of Disbursement Candidate Name Rep. Eliot L. Engel		011 Category/		1000.00					
Office Sought: X House Disburs Senate President)	ement For: 2008 Primary General Other (specify)	Туре							
Full Name (Last, First, Middle Initial) Spratt For Congress Committee	•		Transaction IE Date of Disburs	sement					
Mailing Address PO Box 830			0 8	27 2007					
City York	State Zip Code SC 29745		Amount of Eac	h Disbursement this Period					
Purpose of Disbursement Candidate Name		011 Category/		1000.00					
Rep. John M. Spratt, Jr.		Туре							
Senate President	ement For: 2008 Primary General Other (specify)								
Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Cong	ressnl Cmte		Transaction ID Date of Disburs	sement					
Mailing Address P.O. Box 1242			08 / 0	27 2007					
City Tucson	State Zip Code AZ 85702		Amount of Eac	h Disbursement this Period					
Purpose of Disbursement		011		1000.00					
Candidate Name Rep. Raul M. Grijalva	,	Category/ Type							
Senate President	ement For: 2008 Primary General Other (specify)								
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NAME OF COMMITTEE (In Full)	me and address of any political co	ommillee id	SOIIC	it Contrib	utions in	om such	COMI	nillee	
American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)						14497	708		
• Porter For Congress					Disburse		y y	V .	Y
Mailing Address PO Box 26087				0 ^M 8 M	2	27 /	2	0 ŏ 7	
City Las Vegas	State Zip Code NV 89126			Amount	of Each	Disburs	-		
Purpose of Disbursement	Г		1				_ 1	0.000	0
Candidate Name Rep. Jon C. Porter	L	011 Category/	1						
	sement For: 2008	Туре							
Senate President	Primary General X Other (specify) ▼								
	Primary Electio		-						
Full Name (Last, First, Middle Initial) Pete King For Congress Committee					ction ID: Disburse	: 14497] ement	754		
Mailing Address Post Office Box 1428				0 8 M	/ D 2	2.7 /	Y Y	0 ŏ 7	Υ
Mailing Address Post Office Box 1428				0 0				007	
City Seaford	State Zip Code NY 11783			Amount	of Each	Disburs	emen	t this P	eriod
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Candidate Name		011							
Rep. Peter T. King		Category/ Type							
Office Sought: X House Disbu	sement For: 2008 Primary General								
President State: NY District: 3 2008	X Other (specify) ▼ Primary Electio								
Full Name (Last, First, Middle Initial)	i iiiiai y Liectio			Transa	ction ID:	14497	706		
Citizens For Gillmor				Date of	Disburse	ement	, 00		
Mailing Address P.O. Box 150				0 ^M 8 M	[/] ^D 2	27	Ý Ž	0 ŏ 7	Y
City Old Fort	State Zip Code OH 44861			Amount	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	Γ		1				1	000.0	0
Candidate Name		011 Category/							
Rep. Paul Gillmor		Type							
	sement For: 2008								
Senate President	Primary General X Other (specify) ▼								
State: OH District: 5 2008	Primary Electio								
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	y Information copied from such Reports an for commercial purposes, other than using										S	
\setminus	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	American Podiatric Medical Assn.,	Inc. Podiatry Political Action Co	mmitt	ee								
	Full Name (Last, First, Middle Initial)				Transa	ction IE) : 1	144977	71			
Α.	Herseth For Congress				Date of	Disburs						
	Mailing Address PO Box 2009				0 8	/ D	2 7	7 / Y	ž	0 ŏ	7 ^Y	
	City Sioux Falls	State Zip Code SD 57101			Amoun	t of Eac	hΓ	Disburse	men	t this	Perio	od
	Purpose of Disbursement		01	1	T L.				1	1000.	00	
	Candidate Name Rep. Stephanie Herseth		Cate									
	Senate President	Disbursement For: 2008 Primary General X Other (specify) ▼										
		2008 Primary Electio										
В.	Full Name (Last, First, Middle Initial) David Scott For Congress				Date of	Disburs	sen				V	
	Mailing Address 162 Hurt Street N	е			0 8 0	/ D	2 7	7 ' L'	2	οŏ	7 '	
	City Atlanta	State Zip Code GA 30307			Amoun	t of Eac	hΩ	Disburse				od
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	Candidate Name Rep. David Scott		Cate Ty									
	Senate President	Disbursement For: 2008 Primary General X Other (specify)										
	State: GA District: 13	2008 Primary Electio										

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	y Information copied from such Reports and S for commercial purposes, other than using the			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc	c. Podiatry Political Action Con	nmittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 14444350
۹.	Dr. Janet Simon			Date of Disbursement
	Mailing Address Podiatry Associates 8300 Carmel Ave. N			$\begin{bmatrix} \begin{smallmatrix} M & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 7 \\ & 2 & 0 & 0 & 7 \end{bmatrix}$
	City Albuquerque	State Zip Code NM 87122		Amount of Each Disbursement this Period
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	Refunds of Contributions from Individual		010	
	Candidate Name		Category/	
	Office Sought: House Dis	sbursement For:	Туре	
	Senate	Primary General		Refunds of Contributions from Individuals
	President	Other (specify)		nom marviduais
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NAME OF COMMITTEE (In Full)	le and address of any political co	ininillee to so	DIICIL CONTINUL	JUONS HOM SUCH	Committee	
American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	mittee				
Full Name (Last, First, Middle Initial)				tion ID: 14466	162	
Comptroller Of Maryland				Disbursement	Y Y Y	Y
Mailing Address Revenue Administration	Division		0 8	10 /	[°] 2007	
City	State Zip Code MD 21411-0001		Amount	of Each Disburs	ement this F	Period
Annapolis Purpose of Disbursement	VID 21411-0001				892.0	00
Fiscal Year 2008 State Income Tax - Est.		001				
Candidate Name		Category/ Type				
Office Sought: House Disburs Senate	ement For: Primary General			ear 2008 Stat ax - Est. Tax l		
President	Other (specify)		nt 1	ax Est. Tax	ayınıc	
State: District:						
Full Name (Last, First, Middle Initial) Financial Agent - Internal Revenue Servic	e.			tion ID: 14466 Disbursement	167	
			M M	/ D D /	² 2007	, Y
Mailing Address			0 8	10	2007	
City Philadelphia	State Zip Code PA		Amount	of Each Disburs	ement this F	Period
Purpose of Disbursement		• • •	L		994.0	00
Fiscal Year 2007 Federal Income Tax Candidate Name		001				
Candidate Name		Category/ Type				
	ement For:		Fiscal Y	ear 2007 Fed	eral	
Senate President	Primary General Other (specify) ▼		Income	ear 2007 Fed Tax	o.a.	
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)				tion ID: 14466	161	
Comptroller Of Maryland			Date of I	Disbursement	Y Y Y Y	Y
Mailing Address Revenue Administration	Division		0 8	11 /	žoŏ7	
City Annapolis	State Zip Code MD 21411-0001		Amount	of Each Disburs	ement this F	Period
Purpose of Disbursement Fiscal 2007 State Income Tax		004			142.0	00
Candidate Name		001 Category/ Type				
	ement For:		Fiscal 2	007 State Inc	ome	
Senate President	Primary General Other (specify) ▼		Tax	oor oldlo iiio		
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